

DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole
or First Inventor:

1 —
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Inventor's Signature:

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DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled

OB PROTEIN COMPOSITIONS AND METHODS

which is described and claimed in the specification which:

☒ is attached hereto.
☐ was filed on _____
as Application Serial No.: _____
and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

Power of Attorney: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Ron K. Levy, Registration No.: 31,539, Steven M. Odre, Registration No.: 29,094, and Karol M. Pessin, Registration No. 34,899, said attorney(s)/agent(s) to have in addition full power of revocation, including the power to revoke any power herein granted.

Please send all future correspondence to:

U.S. Patent Operations/KMP
M/S 10-1-B
AMGEN INC.
Amgen Center
1840 Dehavilland Drive
Thousand Oaks, California 91320-1789

Direct Telephone Calls To:

Attorney/Agent's Name
Attorney/Agent for Applicant(s)
Registration No.: 34,899
Phone: (805) 447-2425
Date: June 5, 1995

"Express Mail" mail labeling number

Date of Deposit

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Paul F. Fehlner
Printed Name

Paul F. Fehlner 6/7/95
Signature

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7. ☐ Transfer the drawings from the prior application to this application and abandon said prior application as of the filing date accorded this application. A duplicate copy of this sheet is enclosed for filing in the prior application file. (May only be used if signed by person authorized by § 1.138 and before payment of base issue fee.)
- 7a. ☐ New formal drawings are enclosed.
8. ☐ Priority of application Serial No. _____ filed on _____ in _____ (country) is claimed under 35 U.S.C. 119.
- 8a. ☐ The certified copy has been filed in prior application Serial No. _____ filed _____
9. ☒ The prior application is assigned of record to AMGEN INC.
10. ☐ A preliminary amendment is enclosed.
11. ☒ Also enclosed is a Sequence Listing and Transmittal
12. ☒ The power of attorney in the prior application is to:
Ron K. Levy, Registration No.: 31,539; Steven M. Odre, Registration No.: 29,094; and
Karol M. Pessin, Registration No.: 34,899
- a. ☒ The power appears in the original papers in the prior application.
- b. ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
- c. ☒ Address all future communications to
Karol M. Pessin
at the address below.
- Signator: ☐ Assignee of complete interest
☒ Attorney or agent of record

Karol M. Pessin
Karol M. Pessin
Attorney/Agent for Applicant(s)
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Date: August 27, 1997

Please send all future correspondence to:

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